



Management Liability Insurance Proposal Form

A large decorative graphic consisting of overlapping geometric shapes in various shades of blue and teal, creating a modern, abstract background.

# Management Liability Insurance

## Proposal Form

# Management Liability Insurance Proposal

Office Use Only

Intermediary name

Account number

Policy number

## Important notices

### Duty of disclosure

You/your organisation has a legal duty to disclose to Ansvar Insurance Limited "Ansvar Insurance" (us/our) every matter that is relevant to our decision to accept this application and if so, on what terms it is accepted. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate a policy.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- when compliance with the duty of disclosure is waived by us.

If you are in doubt as to whether any information is material, it should be disclosed. If you do not tell us all relevant matters we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

### Basis for Cover – Claims made

We provide cover under the Management Liability Insurance policy under 8 insuring clauses for a structured organisation incorporated under Australian legislation for claims which arise from acts, errors, omissions or conducts which do not precede the retroactive date we mutually agree.

The cover provided in the policy is on a 'claims-made' basis, which means that you are insured for:

- claims made against you during the period of insurance and notified to us during the period of insurance, or during the extended notification period of 30 days under the policy, provided you were not aware at any time prior to the commencement of the period of insurance of any circumstances which could lead to the claim being made against you; and
- claims made against you after the period of insurance has expired as a result of circumstances you first became aware of during the period of insurance, provided you have notified us in writing before the expiry of the period of insurance of such known circumstances.

You are obliged to notify facts which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become

aware of the facts and prior to the time at which the policy expires. The statutory regime under s.40(3) of the Insurance Contracts Act provides that, subject to the circumstances, if you give written notification of facts, the policy will respond to a valid claim even though a claim arising from those facts is made against you after the policy has expired.

When the policy expires, no new notification of claims or facts can be made under the expired policy, even though the event giving rise to the claim against you may have occurred during the policy period. An exception to this occurs where an extended reporting period extension is purchased under the policy. If an extended reporting period is purchased, then some cover for new notification of claims or facts is available.

### Retroactive Liability

This insurance does not provide cover in relation to claims arising out of any wrongful act that occurred prior to the retroactive date shown on the certificate of insurance.

### Renewal/Termination

Cover under a Management Liability policy (as for any claims-made policy) terminates upon the expiry of the period of insurance and each renewal is a new contract of insurance. At expiry, you will be required to complete a new application prior to the expiry date so that new insurance terms and pricing can be determined.

### No Admission of Liability and Subrogation

Our Management Liability policy has provisions that have the effect of reducing or limiting our liability for a loss when you admit liability without our agreement. These provisions apply if you waive, agree not to enforce or prejudice your rights of recovery and, as a consequence, we are prevented from exercising our rights of subrogation against another party who caused the loss.

### Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information.

If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984.

It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

### How to fill out this application

Please ensure you read the Management Liability Insurance policy document provided to you to ascertain this is the cover you require and the important notices above, prior to the completion of this application. If you require any assistance, please contact your insurance intermediary.

Please tick the box in front of the correct answer and/or write the information requested in the space provided against all questions in the next pages. All questions must be answered in relation to the business entity to be insured, all its subsidiary and controlled entities (if any), and persons entitled to indemnity under the policy. This will require you to verify any information you include particularly regarding known circumstances with the other parties to be insured.

If there is inadequate space to answer any questions or you need to disclose something to us, please provide this under the additional information section at the back of this application OR please provide the information on a separate signed and dated sheet of paper which you can attach to this application.

**Period of Insurance** *This section must be completed*

From 4pm on  to 4pm on

**Applicant(s) information** *This section must be completed*

Name of the incorporated organisation to be insured

Trading names past and present (if applicable)

ABN/ACN  Date Established

Are you tax exempt?  Yes  No Exemption certificate date  *attach a copy*

Are you registered for GST?

Postal address  State  Postcode

Telephone  Facsimile  Website(s)

Name of any other entities, subsidiaries to be insured

Nature of Business

Address(es)

Who do we contact if we need to discuss any matter with this application?

Name  Position

Telephone  Email

**Applicant's organisational information** *This section must be completed*

How is your organisation structured?

Company limited by guarantee  Cooperative/Mutual  Incorporated partnership  Incorporation under own statute  
 Privately held company  Public Company (ASX listed)  Public Company (not listed)  Trust

Other, specify structure

Is the applicant a subsidiary of another organisation?  Yes  No

*If yes, please supply below the name of the ultimate holding organisation, its country of incorporation and its website address:*

Has there been any corporate restructuring, acquisition, disposal, merger or takeover undertaken by the applicant or any of its subsidiaries during the last 5 years?  Yes  No

Have there been any redundancies, staff reductions or facility closures involving more than 5% of the workforce in a single location in the last 5 years?  Yes  No

Do you anticipate any merger, acquisition, divestment or public offering of securities in the next 12 months by the applicant or any of its subsidiaries?  Yes  No

*If yes to any of the above, please provide details:*

### Loss and business insurance history

*This section applies to you or any of your directors, officers and other persons applying to be insured and must be completed.*

Have you or any director/officer/executive manager/trustee in your business:

Ever had a disciplinary proceeding instituted against any of you?  Yes  No

Ever been convicted of a criminal offence?  Yes  No

Ever been declared bankrupt or had a major situation which brought themselves or an organisation close to bankruptcy?  Yes  No

Ever become insolvent or placed in liquidation or receivership?  Yes  No

Are you aware of any fact, event or circumstance which might reasonably be expected to lead to civil or criminal proceedings being instituted against your organisation, any director, officer, manager, trustee or employee?  Yes  No

Are you aware of any fact, event or circumstance which might require you or any of these persons to attend an official investigation, inquiry or other proceedings?  Yes  No

Are you or any of the persons applying to be insured aware of any facts, incidents or circumstances which could possibly or validly result in a claim under the proposed insurance?  Yes  No

Have you had any facts, incidents or circumstances brought to your attention where a claim would have resulted under this proposed insurance which was not insured?  Yes  No

Have you or any of the persons applying to be insured been the subject of any complaint or received notice of an enquiry by any State, Territory or Federal regulatory body or other body to which you are accredited in the last 3 years?  Yes  No

Have you ever had in the past any entity liability, directors liability, employment practices liability, trustee liability, corporate management liability or similar insurance declined, cancelled, renewal refused, or special conditions or excess imposed by any insurer?  Yes  No

*If you have answered yes to any of the above questions, please provide full details in an attachment including the nature of the events, allegations or offences, the result of the disciplinary proceedings and any remedial actions taken and the amount of any fines or penalties imposed.*

During the last 10 years, has there been any claim against the organisation or its officers for the risks now proposed for insurance?  Yes  No

Is there now any claim pending against you or any director or officer of the entity applying for this insurance?  Yes  No

*If you have answered yes to any of these 2 questions, please fill in the summary below and provide in a separate attachment full details including the name of the claimant, the outcome of the claim, the total amount paid in judgment or settlement, and claimants defence and other settlement costs.*

Date	Amount	Details of loss or damage
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**Business/occupation information** *This section must be completed*

State the nature of your business and those of your subsidiaries

Please attach any activity sheets/brochures/documentation depicting your activities or which may assist us to gain a complete appreciation of the nature of your business.

- Has there been any change in the nature of your business and those of your subsidiaries in the last 5 years?  Yes  No
- Do you anticipate any major change during the next 12 months?  Yes  No
- Do you use or have any radioactive, explosive, flammable, toxic, corrosive, potentially dangerous or environmentally hazardous goods on your premises?  Yes  No
- Do you manufacture any goods?  Yes  No
- Do you provide any legal, financial or other professional advisory services?  Yes  No
- Do you engage in computer, software or website development, printing or publishing for others?  Yes  No
- Do you conduct business, have representation, own assets in or derive revenue overseas?  Yes  No
- If you are required to be registered with any particular body, licensed or accredited, is there presently any matter pending which may impact on your registration, licence or accreditation or cause them to be suspended or withdrawn?  Yes  No
- Are you aware of any particular thing on your premises which could cause injury to persons on your premises if it happened?  Yes  No

*If you have answered yes to any of the above questions, please provide full details:*

**Financial Information** *This section must be completed*

You are required to provide a copy of your audited consolidated annual reports or financial accounts for the past two (2) years. If consolidated reports are not available, please supply individual accounts for each legal entity. Please note that: where the latest annual report/financial account is not supplied to our satisfaction we may not be able to proceed with some covers being applied for.

Particulars	Past Financial Year	Previous Financial Year
Current Assets	\$	\$
Current Liabilities	\$	\$
Total Assets	\$	\$
Total Liabilities	\$	\$
Intangibles	\$	\$
Total Income/Turnover (including grants, subsidies, fees)	\$	\$
Net Profit (Loss) after Tax	\$	\$

Estimated Total Income/Turnover (including grants, subsidies, fees) in the next 12 months \$

Are you solvent? *If no please provide details:*  Yes  No

Is there any information which changes the financial position as detailed above which may materially affect the Proposers' ability to pay its debts as and when they fall due? *If yes please provide full details:*  Yes  No

## Risk Management *This section must be completed*

- Is management actively involved in risk management in your organisation?  Yes  No
- Does the organisation have an audit or compliance committee?  Yes  No
- Is there any OH&S or WorkSafe committee in place?  Yes  No
- Do you ensure all Government regulations are closely abided with and have a designated person to implement and monitor?  Yes  No
- What other risk management policies have you in place?

- Are all your premises, plant and machinery in good repair and are all statutory requirements complied with?  Yes  No
- If you are working with children or persons with impaired faculties, are there proper policies in place for the screening of personnel?  Yes  No
- Are there incident reporting protocols in place which all staff and representatives are conversant with?  Yes  No
- If you have answered no to any of the above questions, please provide full details:*

## Insuring Clause 3.1 Entity Liability Cover

- Is this insurance to replace an existing insurance?  Yes  No
- If yes, name of previous insurer  Policy No.
- How long have you had this insurance?  Last expiry date
- Do you require prior acts coverage?  Yes  No Retroactive date
- Has your coverage been continuously in force since the retroactive date?  Yes  No
- If no, please be aware that the retroactive date can only be the inception date of this insurance.*

## Insuring Clauses 3.2 & 3.3 Directors Liability/Entity Reimbursement Cover

*Enquiry should be made of all relevant persons to be insured before answering the questions*

- Do you require directors' liability/entity reimbursement cover? If no, please proceed to next section  Yes  No
- Is this insurance to replace an existing insurance?  Yes  No
- If yes, name of previous insurer*  Policy No.
- How long have you had this insurance?  Last expiry date
- Do you require prior acts coverage?  Yes  No Retroactive date
- Has your coverage been continuously in force since the retroactive date?  Yes  No
- If no, please be aware that the retroactive date can only be the inception date of this insurance.*
- Number of directors/executives/senior managers to be insured?
- Please provide the names, qualifications and date of appointment of your board members and executives if this information is not in the latest financial account:

- Does any director/executive/senior manager hold more than a 10% shareholding in the organisations to be insured or any of its subsidiaries?  Yes  No
- Is there any director/senior manager with less than 2 years corporate management experience?  Yes  No

Has any former or current director, executive or senior manager of your organisation or its subsidiaries (current or past) ever:

1. been declared bankrupt or entered into a scheme of arrangement with creditors?  Yes  No
2. been a director, executive or senior manager of an organisation placed in administration, a scheme of arrangement, receivership, liquidation or provisional liquidation?  Yes  No

*If yes to any of the above questions, please provide full details including name of director/officer, name of organisation, shareholding, experience, date and details of receivership/liquidation, etc...*

Do you require 'outside directorship' cover?  Yes  No

*If yes, name of outside entity*

Past/present board/management position in outside entity

Details of any Directors and Officers liability insurance provided by the outside entity:

*We will advise you, should we require the annual report of the entity.*

What limit of liability for one claim do you require (combined limit for both insuring clauses 3.2 and 3.3)?

\$1 million  \$2 million  \$5 million  \$10 million  \$15 million  \$20 million

### Insuring Clause 3.4 Employment Practices Liability Cover

Do you require employment practices liability cover? *If no, please proceed to next section*  Yes  No

Is this insurance to replace an existing insurance?  Yes  No

*If yes, name of previous insurer*

Policy No.

How long have you had this insurance?

Last expiry date

Do you require prior acts coverage?  Yes  No

Retroactive date

Has your coverage been continuously in force since the retroactive date?  Yes  No

*If no, please be aware that the retroactive date can only be the inception of this insurance.*

Do you have a full-time human resources manager?  Yes  No

Does the organisation:

- i. require applicants for employment to complete a written application for employment as part of the hiring process?  Yes  No
- ii. carry out all reasonable reference checks for all its directors, employees, contractors, volunteers and representatives?  Yes  No
- iii. have well-documented recruitment guidelines and processes?  Yes  No
- iv. distribute an employee handbook to all its employees?  Yes  No
- v. keep a register of those employees who have received the handbook and signed a declaration that they have read the handbook and agree to abide by its guidelines and policies?  Yes  No
- vi. have up to date written policies on equal opportunity, sexual harassment, all types of discrimination and abuse?  Yes  No
- vii. have documented performance, incident/allegation/grievance and complaint procedures?  Yes  No
- viii. review or carry out exit interviews with all employees who resign from the organisation?  Yes  No
- ix. have procedures to be followed before the termination of employment of any personnel?  Yes  No
- x. comply with all statutory requirements concerning its employees?  Yes  No
- xi. post all notices required by law in places conspicuous to all employees?  Yes  No

*If no to any of the above, please provide full details:*



<b>Number of full time/part-time employees last 2 years</b>	<b>This year</b>	<b>Last year</b>
Dismissed by you or made redundant	<input type="text"/>	<input type="text"/>
Resigned voluntarily	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>
Do you anticipate any retrenchments or layoffs during the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of employees/other persons in business earning more than \$50,000 a year	<input type="text"/>	
What limit of liability for one claim do you require?		
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 million
<input type="checkbox"/> \$2 million	<input type="checkbox"/> \$5 million	

<b>Number of employees/other persons engaged locally in the business in Australia</b>	<b>This Year</b>	<b>Last year</b>
Supervisory/Management	<input type="text"/>	<input type="text"/>
Full-time employees (administration only)	<input type="text"/>	<input type="text"/>
Full-time employees (involved in some manual work)	<input type="text"/>	<input type="text"/>
Part-time employees (permanent)	<input type="text"/>	<input type="text"/>
Contract workers/fixed-term/task employees	<input type="text"/>	<input type="text"/>
Casuals/temporary employees/other classification (max any one time)	<input type="text"/>	<input type="text"/>
Volunteers (max any one time)	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>
<b>Number of employees/other persons engaged in the business overseas</b>	<b>This year</b>	<b>Last Year</b>
<b>Total</b>	<input type="text"/>	<input type="text"/>

### Insuring Clause 3.5 Trustees Liability Cover

*Cover under this section does not extend to superannuation funds/assets managed by an external investment manager or a scheme externally administered or a self-managed fund. Enquiry should be made of all trustees to be insured before answering the questions.*

Do you require trustees' liability cover? *If no, please proceed to next section*  Yes  No

Is this insurance to replace an existing insurance?  Yes  No

*If yes, name of previous insurer*  Policy No.

How long have you had this insurance?  Last expiry date

Do you require prior acts coverage?  Yes  No Retroactive date

Has your coverage been continuously in force since the retroactive date?  Yes  No

*If no, please be aware that the retroactive date can only be the inception date of this insurance.*

Number of trustees to be insured

Do you manage real and other funds/deposits/assets entrusted to you by others?  Yes  No

<b>Nature of assets under management</b>	<b>Total Value (\$)</b>
<input type="text"/>	<input type="text"/>
<b>Total</b>	\$ <input type="text"/>

Is there any obligation to invest or grow or return such funds to owners? *If yes, please provide full details:*  Yes  No

Is any director, officer or employee of the organisation or subsidiaries currently a trustee of a corporate superannuation fund established for the benefit of employees of the organisation?  Yes  No

If yes, name of fund

Appointed trustees

Name of actuary

Last valuation \$  Annual contribution \$

What limit of liability for one claim do you require?

\$1 million  \$2 million  \$5 million  \$10 million  \$15 million  \$20 million  Other \$

**Insuring Clause 3.6 – Statutory Liability Cover** *Enquiry should be made of all relevant insured persons before answering the questions*

Do you require statutory liability cover? *If no, please proceed to next section.*  Yes  No

Is this insurance to replace an existing insurance?  Yes  No

*If yes, name of previous insurer*  Policy No.

How long have you had this insurance?  Last expiry date

Do you require prior acts coverage?  Retroactive date

Has your coverage been continuously in force since the retroactive date?  Yes  No

*If no, please be aware that the retroactive date can only be the inception date of this insurance*

Are your publications and contents of your websites vetted by management for potential breaches of legislation prior to release to the public?  Yes  No

In the past 5 years, has your organisation or any insured person had imposed any fine or penalty or infringement notice (other than for traffic offences) or had any circumstances where such fines or penalties could have been imposed?  Yes  No

*Please provide details of any specific processes in place to avoid statutory breaches:*

What limit of liability for one claim do you require (single limit for both individuals and entity)?

\$250,000  \$500,000  \$1 million  \$2 million  \$5 million

**Insuring Clause 3.7 Internet Liability Cover**

Do you require internet liability cover? *If no, please proceed to next section.*  Yes  No

Is this insurance to replace an existing insurance?  Yes  No

*If yes, name of previous insurer*  Policy No.

How long have you had this insurance?  Last expiry date

Do you require prior acts coverage?  Yes  No  Retroactive date

Has your coverage been continuously in force since the retroactive date?  Yes  No

*If no, please be aware that the retroactive date can only be the inception date of this insurance.*

Internet Site/URL for which coverage is sought:  Date first on line  Average page views per month   
 (Show full path – <http://www.serverroute.com/path/to/file.html>)

Projected annual gross revenues from these websites \$

Do you provide from this site:

i. any licenced proprietary software?  Yes  No

ii. data editable by users for other users' use?  Yes  No

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| iii. financial advice or services in respect of banking, insurance or investment?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| iv. gambling, lotteries or other games of chance?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| v. games, photos, images, literary, musical or other artistic material?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| vi. material which could be offensive to some members of the public?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| vii. medical advice or health care information?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| viii. medical records or other health care information pertaining to specifically identifiable patients?                                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| ix. professional services generally dispensed by licensed professionals, such as architectural, legal, accounting or business management? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| x. wellbeing, cooking, exercise, counselling information?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <i>If yes to any of the above, provide additional information:</i>  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Were these sites set up by an accredited website designer?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are the sites regularly tested for compliance with legislation and security standards?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are your sites protected by up to date virus and intrusion software?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you own a federally registered trademark in your domain name?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, have you conducted a trademark search to determine whether your domain name infringes a trademark held by any third party?                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you obtained written permission from the operators of other sites linked to yours?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is the content verified by management or legal counsel prior to posting on the websites?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you have a written policy regarding infringement of copyright or unauthorised use of material from other organisations/persons by employees and users of your site? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*If no to any of the above, please advise how compliance with legal and security standards is ascertained:*

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Do you collect personal or sensitive information of a private nature from visitors to these sites? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you have a privacy policy posted on all of your sites?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*Please provide purpose of collection of this personal or sensitive information:*

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Is fundraising or electronic commerce conducted from any of these sites? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, are transactions encrypted?                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are transactions processed by an independent contractor?                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*If no, please describe the system in place to prevent access to customers private and financial card details:*

What limit of liability for one claim do you require?

\$250,000  \$500,000  \$1 million  \$2 million

### Insuring Clause 3.8 Entity Crisis Cover

Do you require entity crisis cover? *If no, please proceed to Declaration*

Is this insurance to replace an existing insurance?

*If yes, name of previous insurer*

Policy No.

How long have you had this insurance?

Last expiry date

*If no, please be aware that the retroactive date can only be the inception date of your insurance.*

What limit of liability for one claim do you require?

\$100,000  \$250,000  \$500,000

### Employee & Third Party Fidelity

Other than directors, is any employee authorised to:

- a. issue a cheque or any other bank instruments as a sole signatory, or to authorise any payment in excess of \$5,000 without authorisation by a supervisor or manager?  Yes  No
- b. process a refund to customers or accept any return of goods in excess of \$5,000 without authorisation by a supervisor or manager?  Yes  No
- c. reconcile any bank account which that employee is also authorised to deposit funds into or withdraw funds from?  Yes  No

In the past 5 years has the Company suffered any loss as a result of any dishonest or fraudulent act of any employee, in respect of the risks of the kind to which this proposal form relates?  Yes  No

*If yes to any of the above, please provide full details:*

What limit of liability for one claim do you require?

\$50,000  \$100,000  \$250,000  \$500,000

### Tax Audit

In relation to tax audits, do you comply with requirements under Commonwealth, State or Territory legislation?  Yes  No

Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last 12 months?  Yes  No

*If yes to any of the above please provide details:*

What limit of liability for one claim do you require?

\$20,000  \$50,000  \$100,000  \$250,000  \$500,000

### Stamp Duty

For the purposes of calculating stamp duty, please provide a breakdown of the number of employees and split of income of the Proposer in each of the following locations:

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
Staff									
Income (%)									

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**Declaration**

*This section must be completed and signed by the applicant's chairman, chief executive officer, managing director, chief financial officer or company secretary only*

I/we are authorised by each person entitled to the indemnity of this insurance to make this proposal.

I/we declare that the answers given and statements made are to the best of our knowledge, true and correct, that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted and that I/we will give immediate notice to Ansva Insurance should any of the information provided alter between the date of this application and the proposed date of inception of the insurance.

It is agreed that this application will be the basis of the contract between the applicant for this insurance and Ansva Insurance and is subject to the terms, conditions and provisions contained in the Management Liability insurance policy underwritten by Ansva Insurance.

I/we also consent to the use of information supplied in this application to Ansva Insurance for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered by Ansva Insurance.

**Applicant(s) signature**

Signed

Position

Date





1300 650 540 [www.ansvar.com.au](http://www.ansvar.com.au)

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